

REGISTRY FORM
Nevada Division of Minerals
400 W. King Street, Suite 106, Carson City, NV 89703
(775)684-7040 * Fax (775) 684-7052 * E-Mail: ndom@govmail.state.nv.us

MSHA No. _____ Date Submitted _____
Report for the Year _____ Submitted by _____

Operation Name: _____
(Name of mine, mill, etc.)

Operator Name: _____
(Name of company, corporation, partnership, or individual)

Mailing Address of Operation: _____

Telephone No. of Operation: _____ Fax No.: _____

Mailing Address of Home Office: _____
(if different from above) _____

Telephone No. of Home Office: _____ Fax No.: _____

Email Address: _____

Website Address: _____

Location of Operation: County: _____ Township: _____
Range: _____ Section: _____

Current Mine Status: (Please check one. If in temporary or permanent shut down, please enter the date of occurrence.)

☐ Development

☐ Production

☐ Temporary Shut Down → Temporary Shut Down Date _____

☐ Permanent Shut Down → Permanent Shut Down Date _____

Date or Planned Date Commencement: _____

Mining Method: _____
(open pit, underground, placer, etc. If multiple methods exist, please indicate percentage of production from each.)

Type of Process: _____
(heap leach, milling, gravity, etc. If multiple methods exist, please indicate percentage of production from each.)

Is processing facility available for custom milling? _____

Commodity/Commodities To Be Produced: _____